

County: Marathon
 MARYWOOD CONVALESCENT CENTER
 1821 NORTH 4TH AVENUE

Facility ID: 5290

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WAUSAU 54401 Phone: (715) 675-9451
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 88
 Total Licensed Bed Capacity (12/31/01): 90
 Number of Residents on 12/31/01: 86

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 85

Nonprofit Church/Corporation
 Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		51.2	
Home Health Care	No					1 - 4 Years		34.9	
Supp. Home Care-Personal Care	No					More Than 4 Years		14.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	0.0				
Day Services	No	Mental Illness (Org./Psy)	15.1	65 - 74	3.5				
Respite Care	No	Mental Illness (Other)	9.3	75 - 84	29.1			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.1	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	9.3	Full-Time Equivalent			
Congregate Meals	No	Cancer	4.7			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.3		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	47.7	65 & Over	100.0				
Transportation	No	Cerebrovascular	7.0			RNs		17.5	
Referral Service	No	Diabetes	8.1	Sex	%	LPNs		10.6	
Other Services	No	Respiratory	3.5			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	12.8	Aides, & Orderlies			
Mentally Ill	No			Female	87.2				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	5.6	166	0	0.0	0	0	0.0	0	1
Skilled Care	13	100.0	307	51	92.7	104	0	0.0	0	17	94.4	155	0	0.0	0	0	0.0	0	81
Intermediate	---	---	---	4	7.3	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	13	100.0		55	100.0		0	0.0		18	100.0		0	0.0		0	0.0	86	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	2.7	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.7	Bathing	1.2	73.3	25.6	86
Other Nursing Homes	2.0	Dressing	11.6	79.1	9.3	86
Acute Care Hospitals	92.6	Transferring	27.9	59.3	12.8	86
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	20.9	54.7	24.4	86
Rehabilitation Hospitals	0.0	Eating	62.8	31.4	5.8	86
Other Locations	2.0	*****				
Total Number of Admissions	149	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.1	Receiving Respiratory Care		9.3
Private Home/No Home Health	8.8	Occ/Freq. Incontinent of Bladder	45.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	20.3	Occ/Freq. Incontinent of Bowel	20.9	Receiving Suctioning		0.0
Other Nursing Homes	6.8			Receiving Ostomy Care		1.2
Acute Care Hospitals	34.5	Mobility		Receiving Tube Feeding		1.2
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.5	Receiving Mechanically Altered Diets		38.4
Rehabilitation Hospitals	0.0					
Other Locations	6.1	Skin Care		Other Resident Characteristics		
Deaths	23.6	With Pressure Sores	3.5	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	8.1	Medications		
(Including Deaths)	148			Receiving Psychoactive Drugs		46.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities Peer Group Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	89.4	1.06	85.1	1.11	84.3	1.12	84.6	1.12
Current Residents from In-County	98.8	82.7	1.20	80.0	1.24	82.7	1.20	77.0	1.28
Admissions from In-County, Still Residing	28.9	25.4	1.14	20.9	1.38	21.6	1.34	20.8	1.39
Admissions/Average Daily Census	175.3	117.0	1.50	144.6	1.21	137.9	1.27	128.9	1.36
Discharges/Average Daily Census	174.1	116.8	1.49	144.8	1.20	139.0	1.25	130.0	1.34
Discharges To Private Residence/Average Daily Census	50.6	42.1	1.20	60.4	0.84	55.2	0.92	52.8	0.96
Residents Receiving Skilled Care	95.3	93.4	1.02	90.5	1.05	91.8	1.04	85.3	1.12
Residents Aged 65 and Older	100	96.2	1.04	94.7	1.06	92.5	1.08	87.5	1.14
Title 19 (Medicaid) Funded Residents	64.0	57.0	1.12	58.0	1.10	64.3	1.00	68.7	0.93
Private Pay Funded Residents	20.9	35.6	0.59	32.0	0.65	25.6	0.82	22.0	0.95
Developmentally Disabled Residents	1.2	0.6	1.86	0.9	1.27	1.2	0.99	7.6	0.15
Mentally Ill Residents	24.4	37.4	0.65	33.8	0.72	37.4	0.65	33.8	0.72
General Medical Service Residents	0.0	21.4	0.00	18.3	0.00	21.2	0.00	19.4	0.00
Impaired ADL (Mean)	45.8	51.7	0.89	48.1	0.95	49.6	0.92	49.3	0.93
Psychological Problems	46.5	52.8	0.88	51.0	0.91	54.1	0.86	51.9	0.90
Nursing Care Required (Mean)	7.7	6.4	1.20	6.0	1.28	6.5	1.18	7.3	1.05